Correspondence

The right to strike by the caring professions

STR.

As Professor Dworkin has forcefully argued, the fundamental ethical case against industrial action by the caring professions is that their overriding duty is to their patients. In practice it is impossible to withdraw services without harming those in need of such care. Neither a distinction between harm and inconvenience, nor a distinction between emergencies and non-emergencies, nor a concentration of attack on the administration rather than on those in need, can in fact be sustained. A theoretical principle of distinction which might allow the overriding duty still to be acknowledged fails in practice.

Without entering into the area of judging particular cases, I should

like to raise two questions about the basic principle.

First, how overriding is 'over-riding'? In normal circumstances we should answer 'absolutely overriding'. In exceptional circumstances we should probably admit that there might be claims and interests which overrode even a patient's 'overriding' claim. What if there is a confused and confusing middle ground, where the just claims based on an individual's need could be satisfied only at the cost of very great sacrifice on the part of the person who could meet those needs? If we are thinking in terms of moral obligations, then we must set alongside the obligations of the caring professions the obligation of society to protect their needs. If we are moving beyond the claims of justice to the area of non-reciprocal sacrifice, then we should bear in mind the old tag that 'caritas non obligat cum gravi incommodo' ('love does not oblige in cases of severe self damage').

Second, what has the fundamental principle to say about who the patients are towards whom there is an overriding duty? Are they present patients, or future patients, or both? And if both are included, might it be possible to argue that the welfare of future patients justified a measure of inconvenience, and even harm, to present patients? (Even if this is the case, it does not of course follow that industrial action is the right and only way of securing the long-term interests of patients. But, ethically, the argument needs to be assessed.)

> PETER BAELZ Christ Church, Oxford

Contents of previous issue

Contents of Volume 3, Number 2, 1977

Editorial

Focus

On dying and dying well: Extracts from the Edwin Stevens Lecture Donald Coggan

Main articles

Patients with protracted pain: A survey conducted at The London Hospital Jennifer M Hunt, Thelma D Stoller, David W Littlejohns, Robert C Twycross, Duncan W Vere

Copies can be obtained from the Publisher, Journal of medical ethics, Tavistock House East, Tavistock Square, London WC1H 9JR

Cancer and truth
Ecaterina Hanganu and G Popa

Strikes and the National Health Service: Some legal and ethical issues Gerald Dworkin

Commentary
Should doctors strike? A personal view
Peter Zacharias

The literature of medical ethics: Bernard Häring Brendan Soane Case conference Death my only love

Analysis
Conscience
Eric D'Arcy

The parliamentary scene

Correspondence

Book reviews

News and notes